



OAQ CONTROL EQUIPMENT APPLICATION
CE-04: Particulate Control – Electrostatic Precipitator

State Form 52621 (3-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
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www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-04 is to identify all the parameters that describe the electrostatic precipitator. This is a required form.
- Complete this form once for each electrostatic precipitator (or once for each set of identical electrostatic precipitators).
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce04instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the particulate control device and describes its physical properties.

1. Control Equipment ID:			
2. Installation Date:			
3. Device Type:	<input type="checkbox"/> Dry, Negative Corona <input type="checkbox"/> Wet, Positive Corona <input type="checkbox"/> Wet, Negative Corona <input type="checkbox"/> Other (specify):		
4. Mist Eliminator: Specify number of chevrons, tubes, or baffles, if applicable.			
<input type="checkbox"/> Chevron:	<input type="checkbox"/> Tube Banks:	<input type="checkbox"/> Baffle Plates:	<input type="checkbox"/> Not Applicable
5. Gas Stream Conditioning Agents:			
6. Number of Vertical Discharge Electrodes:			
7. Style of Wires:			
8. Number of Transformer – Rectifier (T-R) Sets:			
9. Number of Fields:			
10. Rapper Type and Amount:	<input type="checkbox"/> Roof Mounted:	<input type="checkbox"/> Side Mounted:	
11. Rapping Frequency (specify units):			
12. T-R Voltage Rating (specify units):	<input type="checkbox"/> Primary:	<input type="checkbox"/> Secondary:	
13. T-R Current Rating (specify units):	<input type="checkbox"/> Primary:	<input type="checkbox"/> Secondary:	

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
14. Gas Stream Flow Rate	ACFM			
15. Gas Stream Temperature	°F			
16. Gas Stream Pressure	inches of water			to
17. Moisture Content	%			
18. Particle Size Range	micrometers			to
19. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	20. Units	21. Inlet	22. Outlet	23. Efficiency (%):	
				Capture	Control
<input type="checkbox"/> a. Hazardous Air Pollutant (HAP) (<i>specify</i>):					
<input type="checkbox"/> b. Particulate Matter (PM)					
<input type="checkbox"/> c. Particulate Matter less than 10µm (PM ₁₀)					
<input type="checkbox"/> d. Particulate Matter less than 2.5µm (PM _{2.5})					
<input type="checkbox"/> e. Other Pollutant (<i>specify</i>):					

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

24. Item(s) Monitored:				
25. Monitoring Frequency:				
26. Item(s) Recorded:				
27. Record Keeping Frequency:				
28. Pollutant(s) Tested:				
29. Test Method(s):				
30. Testing Frequency:				

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

31. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☐ Yes – the following items are identified on the PMP:

<input type="checkbox"/> A.	Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices.
<input type="checkbox"/> B.	Description of the items or conditions that will be inspected.
<input type="checkbox"/> C.	Schedule for inspection of items or conditions described above.
<input type="checkbox"/> D.	Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement.

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